



Population Health Webinar notes

Tuesday, May 22, 2018

Farah Ahmed, MPH, PhD & Sheri Tubach, MS, MPH

Slide 3:

As of May 11th, the updated regulations for Infectious or Contagious Diseases and Conditions have gone into effect.

Slide 4:

I'll briefly go over reporting changes for blood lead poisoning and carbon monoxide poisoning. Then I'll hand it over to Sheri Tubach to talk about changes to Infectious Disease reporting. Changes to STI, HIV and TB reporting will not be covered. The Bureau of Disease Control and Prevention will discuss these changes on next month's webinar.

The major change to blood lead poisoning reporting is that previously elevated blood lead test results (defined as 10 ug/dL or greater) were reportable within 48 hours. Non-elevated results were reportable within 30 days.

Now, all blood lead test results are reportable within 24 hours. There are several advantages to the new reporting timeframe: 1) overall, simplifies the regulations so that we don't have a lot of different reporting timeframes associated with different diseases; 2) we have taken out the distinction of "elevated blood lead level" out of the definition because the definition of elevated changes much more frequently than we are able to update regulations. By not defining elevated in the regulation, we are able to more easily adapt to changing national definitions; and 3) the more timely reporting of non-elevated test results will work well with our efforts here at KDHE to get all test results into EpiTrax in a timely manner so that local health departments have that information when they are looking at screening rates across their counties and for targeting interventions.

If you are sending your patients to an external lab for a blood draw, or if you are drawing the blood samples and sending the blood samples off to a reference lab for analysis, we are working with the reference labs to bring them online with the new reporting

timeframes. We don't need you to send a notifiable disease form for every person tested for blood lead.

If you are a hospital or office using a point of care machine, like the Lead Care II Analyzer, we realize that the updated timeframe could be a significant burden because of the manual reporting. We are reaching out to Lead Care II Analyzer users to gather information on whether you are currently still using your machines and we have plans to organize a webinar/conference call soon to gather your feedback on potential solutions. If this applies to you, please email Laurie Render and let her know that you are interested in being part of the conversation.

The Disease Investigation Guidelines and the expectation for follow-up by the local health departments has not changed.

Slide 5:

Carbon monoxide poisoning is a newly reportable condition for Kansas. It is a nationally notifiable condition.

Mandatory reporters are asked to fax in a Carbon Monoxide Poisoning Reporting Form for suspect cases, regardless of test results.

Slide 6:

The reporting form collects Patient Information and Exposure Information, including very important information about whether the exposure was in a public or private setting, whether the poisoning was intentional or unintentional, and whether it was fire-related or not.

Slide 7:

Criteria for investigation:

- Non-fire related AND
- Accidental AND
- Exposure at a public location.

If YES is answered to all 3 criteria, the Environmental Health epidemiologist at KDHE will investigate further.

We have developed a carbon monoxide investigation form in EpiTrax.

All reports coming in from mandatory reporters will go into EpiTrax for surveillance purposes under the new disease category "Carbon monoxide poisoning"

And will be routed to "Statewide carbon monoxide poisoning"

If a local health department would like to OPT OUT of KDHE investigating carbon monoxide poisoning cases in their jurisdictions, i.e. if they would like to do their own investigations, please contact the Epi Hotline and let us know that you will be opting out.

Creating DIG, is almost finalized.

Tyson Rensch | KS-TRAIN

Slide 39:

For more detailed information, go to the highlighted course number. The last point is important to emphasize.

Slide 42:

If you have successfully completed IS-100 or IS-100.a, you may want to review the new version of the course. For credentialing purposes, the courses are equivalent. This course should not be confused with the IS-100 series of FEMA courses as they have a different focus.

Philip Harris | Bureau of Health Promotion

Slide 47:

The Chronic Disease Alliance of Kansas is Hosting their next meeting at the Rolling Hills Zoo on Thursday, June 7.

Highlights for the upcoming CDAK meeting are as follows two keynote speakers who will discuss advocacy and community hypertension pilots. These will be followed by presentations on oral health, community food solutions, health education and faith-based communities and lastly prescription drug overdose/misuse prevention program.

Participants will need to bring \$10 cash for their lunch that day. Registration is open until the end of the May and available by clicking the link in the slide.

Slide 48:

The Community Health Worker Symposium is on Thursday June 14 at Wichita State University. The day will begin at 9am and conclude at 4pm. The keynote speaker for the event will be Naomi Cottoms who is the Executive Director for Tri-County Rural Health Network. Breakout sessions will include a variety of topics including Alzheimer's disease, Prescription drug misuse, oral health, safe sleep and cancer. If you have questions, feel free to reach out to Alissa Rankin; her contact information is on the slide.

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Up next, I want to announce that there are two Chronic Disease Self-Management Program or CDSMP and Diabetes Self-Management Program also called DSMP Group Leader Trainings coming up. The first training will be in Dodge City at the First Missionary Baptist Church. The CDSMP training will be held on June 21, 22, 27 and 28.

To become certified you must attend all days of the training. On June 29th only participants who are a trained leader for CDSMP will have the opportunity to be cross-trained in DSMP. Oh yes, in case you worried about the cost, its FREE! IF you are interested or have any questions please don't hesitate to reach out to Alissa Rankin.

Slide 50:

The second set of leader trainings for CDSMP and DSMP is set up the same as the one I just discussed. This set of leader trainings will be at the Coffeyville Regional Medical Center. The dates are July 23, 24, 30 and 31 for CDSMP and, as I mentioned before, to participate in the DSMP leader training you have to be previously trained as a CDSMP leader and that will be held on August 1st. This one is also free. **IF** you are interested or have any questions please don't hesitate to reach out to Tami Sterling. Flyers for both of these trainings will be posted online with the speaker notes from this presentation.

Slide 51:

The Kansas Cancer Partnership or KCP wants you to know that their next meeting will be on July 31, at the Engineering Extension at K-State in Manhattan. More information coming soon.

Slide 52:

The Bureau of Oral Health has asked I share this on their behalf. On Friday, August 10 in Olathe at the Embassy Suites and Conference Center they will be having the Kansas School Sealant meeting. Those with questions or who wish to attend should RSVP to Michelle Mieses. A flyer with more information will be posted online with the speaker notes from this presentation.